



## Application Form

Date	/ /	ID	
<b>Executive Board Member</b>			
ID	Name	Name of School	Grade
Email		Cell Phone	
		(      )	
Home Address			
<b>Board Member</b>			
ID	Name	Name of School	Grade
Email		Cell Phone	
		(      )	
Home Address			
<b>Emergency Contact</b>			
Name	Phone Number		Relationship
	(      )		
	(      )		
<b>Family Physician</b>			
Dr. / Hospital Name		Phone Number	
		(      )	
Address			
<b>Membership Fee Payment</b>			
Amount Paid	\$		
Cash	\$	Check	#

\*Membership application fee is not re-fundable and non-transferable

PLEASE sign signature at the back

I, \_\_\_\_\_, here by, wish to become a member of Northstar us Foundation and Participate in all activity and volunteer opportunities. I certify that information provided is true and correct and have been given voluntarily. I release Northstar us Foundation from any liability and responsibility associated with all activities related to Northstar us Foundation.

Signature:

(Print) Name:

Date: